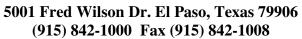


## CITY OF EL PASO DEPARTMENT OF ENVIRONMENTAL SERVICES ANIMAL SERVICES





APPLICATION: EXHIBIT or SHOW PERMIT (7.04.010, 7.04.020., 7.04.090, 7.14.10, 7.14.60, 7.14.070)

Event Name:	Phone:
Event Address:	
City/State/Zip:	
Mailing Address (if different from	above):
City/State/Zip:	
Owner/Sponsor Name:	Phone:
Owner/Sponsor Address:	
City/State/Zip:	
Event Start Date:	Event End Date: tions:
<ul> <li>I hereby affirm that I Code governing the keeping El Paso and the requiremen</li> <li>I authorize the City reasonable hour and established</li> </ul>	resentative for the above activity.  I have read and understand Title 7 of the El Paso City and exhibiting or showing of animals within the City of ts that the Veterinarian Officer or his designee set. of El Paso and/or designee to inspect the property at any sh requirements, restrictions or limitations concerning nimals in compliance with Title 7 of the El Paso City
Applicant Signature:	Date:

## CITY OF EL PASO DEPARTMENT OF ENVIRONMENTAL SERVICES ANIMAL SERVICES

5001 Fred Wilson Dr. El Paso, Texas 79906 (915) 842-1000 Fax (915) 842-1008

## List of Event/Show/Exhibit Animals

Elst of Eveligation (VEXITIBLE TRIBITION)	